

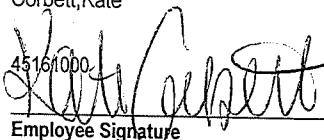
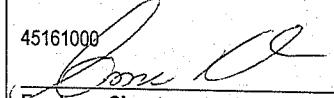
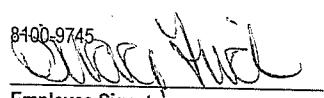
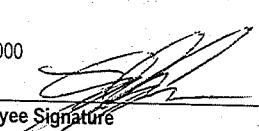
Director's Signature:

CBS

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048- Boston Drug Lab

Week Ending: April 17, 2010

Employee Name:		Sunday 04/11/10		Monday 04/12/10		Tuesday 04/13/10		Wednesday 04/14/10		Thursday 04/15/10		Friday 04/16/10		Saturday 04/17/10	
Corbett,Kate  45161000	Day: In - Out			6:50	5:50	7:05	7:00					7:45	2:45		
	Lunch: Out - In			10:00	12:30	10:00	12:00					12:00	12:30		
	Outside Duty: From - To					1:00			10:40	4:35					
Document exceptions or comments, indicate type and amount.		Cambridge Dist Lowell Comp 1.5 hrs Lowell Dist Comp 1 hr. ✓													
Dookhan,Annie  45161000	Day: In - Out			6:45	3:15	6:45	7:00	6:45	3:15	6:45	3:00	6:45	10:00		
	Lunch: Out - In			12:00	12:30			12:00	12:30	12:00	12:30	12:30			
	Outside Duty: From - To					1:00									
Document exceptions or comments, indicate type and amount.		Cambridge Dist 4:25 Vac ✓													
Feiden, Stacey  8400-9745	Day: In - Out			8:40	4:40	8:10		8:10	4:10	8:25	1:25	8:30	4:30		
	Lunch: Out - In			12:00	12:30			12:00	12:30	12:00	12:30	12:00	12:30		
	Outside Duty: From - To					8:45	1:10								
Document exceptions or comments, indicate type and amount.		BMC 3:0 Vac ✓													
Frasca,Daniela  45161000	Day: In - Out			7:30	3:30	6:45	3:45	7:00	3:00	6:45	2:45	6:45	2:45		
	Lunch: Out - In			1:30	2:00	12:30	1:30	12:45	1:15	1:00	1:30	12:30	1:00		
	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount.															

Director's Signature:

CBS

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: April 17, 2010

Employee Name:		Sunday 04/11/10	Monday 04/12/10	Tuesday 04/13/10	Wednesday 04/14/10	Thursday 04/15/10	Friday 04/16/10	Saturday 04/17/10		
Glazer, Lisa 45161000 <i>Lisa Glazer</i>	Day: In - Out		6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45			
	Lunch: Out - In		12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30			
	Outside Duty: From - To			1:00 2:45						
Employee Signature			Comments Carried out OT 30							
Lawler, Michael 45161000 <i>Michael Lawler</i>	Day: In - Out		8:00 4:30	8:15 4:15		8:50 5:53	10:20 6:30	7:50 4:10		
	Lunch: Out - In		1:35 2:05	1:40 2:10		1:20 1:50	1:10 1:40	1:00 1:30		
	Outside Duty: From - To									
Employee Signature			Comments Per 7.5 ✓							
Document exceptions or comments, indicate type and amount.			OT 7.5 ✓							
Medina, Nicole 45161000 <i>Nicole Medina</i>	Day: In - Out		7:45 3:45	7:45 3:45	7:45 3:45	7:45 2:45	7:55 3:55	5:00 2:50		
	Lunch: Out - In		12 12:30	12 12:30	12:00 12:30	12 12:30	12:00 12:30	12 12:30		
	Outside Duty: From - To		8:45 9:30							
Employee Signature			Comments 0:75 vac ✓							
Document exceptions or comments, indicate type and amount.			Comments 1.0 hr vac ✓							
OT 7.5 ✓										
O'Brien, Elisabeth 45161000 <i>Elisabeth O'Brien</i>	Day: In - Out		9:00 3:30	9:00 2:00	9:00 2:00	7:45 2:45	7:35 2:25			
	Lunch: Out - In		11:00 1:00	11:30 1:20	11:30 1:20	11:30 1:20	11:30 1:20			
	Outside Duty: From - To									
Employee Signature			Comments Per 3.5 ✓ CH 1.0 ✓ SIC 3.0 App ✓							
Document exceptions or comments, indicate type and amount.										

Director's Signature: CBS

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: April 17, 2010

Folk_OIG_PRR_002809

Employee Name:		Sunday 04/11/10		Monday 04/12/10		Tuesday 04/13/10		Wednesday 04/14/10		Thursday 04/15/10		Friday 04/16/10		Saturday 04/17/10	
Philips, Gloria 45161000 <u>Gloria Philips</u> Employee Signature	Day: In - Out			8:45	4:45										
	Lunch: Out - In			12:00	12:30										
	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount.				CMT 7.5		CMT 7.5		PER 7.5		CMT 7.5					
Piro, Peter 45161000 <u>Peter Piro</u> Employee Signature	Day: In - Out			8:55	4:55	7:45	3:45	8:30	4:30	8:45	-	8:15	4:15		
	Lunch: Out - In			12:00	1:00	12	12:30	12-	12:30	-	-	12	12:30		
	Outside Duty: From - To											9:30 - 3:30 South Boston D.			
Document exceptions or comments, indicate type and amount.															
Renczkowski, Daniel 45161000 <u>Daniel Renczkowski</u> Employee Signature	Day: In - Out			8:00	4:00	6:45	2:45	7:10	3:10	7:45	3:45	8:00	4:00	6:45	2:45
	Lunch: Out - In			12:00	12:30	12:00	12:30	12:00	12:30	11:45	12:15	12:00	12:30	12:00	12:30
	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount.												OT 7.5 hrs			
Saunders, Della 45161000 <u>Della Saunders</u> Employee Signature	Day: In - Out			6:45	2:45	6:45		6:45	2:45	6:45	2:45	6:45	2:45	6:45	2:45
	Lunch: Out - In			1:30	2:00			1:45	2:15	1:45	2:15	1:30	2:00	12:15	12:45
	Outside Duty: From - To					8:45	1:10								
Document exceptions or comments, indicate type and amount.				BAC								OT 7.5			

Director's Signature: *CBS*

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: April 17, 2010

Employee Name:		Sunday 04/11/10		Monday 04/12/10		Tuesday 04/13/10		Wednesday 04/14/10		Thursday 04/15/10		Friday 04/16/10		Saturday 04/17/10	
Sprague, Shirley 45161000 <i>Sprague</i> Employee Signature	Day: In - Out			910	510	900	510	905	510	905	505	1130	410		
	Lunch: Out - In			100	130	120	100	100	130	100	130	400	120		
	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount.															
Tan, Zhi 45161000 <i>Zhi</i> Employee Signature	Day: In - Out			6:45	10:45	6:45	2:45	6:45	2:45	6:45				6:45	2:45
	Lunch: Out - In					11:45	12:15	11:50	12:20					12:00	12:30
	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount.		VAC 3 hrs													
Tran, Mai 45161000 <i>Mai</i> Employee Signature	Day: In - Out			850	1:20			930	4				815	2:15	
	Lunch: Out - In							1130	12						
	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount.		1.5 hrs comp from last Friday													
45161000 <i></i> Employee Signature	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount.		1.5 hrs comp from last Friday													

See email

Director's Signature:

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed."

Time Log/Program / Area: Drug Analysis Lab Boston

Week Ending:

Employee Name:		Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
Salemi Charles 45161000 <i>Charles Salemi</i>	Day: In - Out			745	600	1000	615	1000	615	835	300	945	600		
	Lunch: Out - In			1205	1250	1205	1225	1205	1250	1205	1255	12	1245		
	Outside Duty: From - To														
Employee Signature	VAC 2 hrs														
Document exceptions or comments, indicate type and amount															
Employee Signature	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount															
Employee Signature	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount															
Employee Signature	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount															

William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval **prior** to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed Below Employee #: Listed Below

Department: Drug Laboratory

Date(s) of overtime work: 4/17/10

of hours requested: Listed Below

Why work cannot be completed during regular hours: Significant Backlog of Samples

Overtime is to be: paid at OT rate _____ added to comp time balance _____
(if OT rate, complete below)

OT Account: 8100-9745

Approval:

Supervisor: CD Halem

Date: 4/15/10

Department Head: Mme Korn

Date: 4/15/10

Denial reason: _____

Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Michael Lawler	120459	7.5 hrs			
Nicole Medina	285766	7.5 hrs			
Daniel Penzakowski	297673	7.5 hrs			
Della Saumcales	147387	7.5 hrs			
Zhi Tan	148724	7.5 hrs			